PTO/SS/06 (08-07)
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ademark Office; U.S. DEPARTMENT OF COMMISSION

Under the Paparwork Reduction Act of 1993, no persons are required to respond to a collection of information unters it displays a valid DMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute form PTO-875 Application or Dockst Number 0.9522407											raber
CLAIMS AS FILED - PART I (COlumn 1) (Column 2)							SMALL I	ENTITY	OR	OTHER THAN OR SMALL ENTITY	
	FOR	Nizas	NUMBER FRED N		NUMBER EXTRA		RATE	FEE		RATE	FEE
	IC FEE CFR 1, 16(a))								1	19516	
TOT	AL CLAIMS							<u></u>	CR		<u>'</u>
DIT OFR 1.10(d)		49	Rines 20 +		ļ		X 8		OR.	× 1 1	
	FR 1,16(b))		nims 3 * *		•		x 1=	L	OR	×	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(4))							+1		OR	••	
" If the difference in column 1 is less than zaro, enter "0" in column 2.							TOTAL		OR.	TOTAL	
100 Color											
CLAIMS AS AMENDED - PART II 1-17-80 [Column 1] [Column 2] [Column 3] SMALL ENTITY OR OTHER THAN SMALL ENTITY											
•	700	(Column 1)		(Cohmu 5)	(Column 3)		SMALL 6	NTITY	OR		ENTITY
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- FIONAL		RATE	AODI- TIONAL
ME	Fotal (2 CFR CHES	. 15	Mhus	20	•			FEE			FEE
2	Independent	- ' - ' - ' - ' - ' - ' - ' - ' - ' - '	Minus	"" /			*1		OR	X1*	
AME	(D Qu cich)		L	6		Н	<u> </u>		ÇR	21	
FIRST PRESENTATION OF AULTIPLE DEPENDENT CLANS (17 CFR 1.14(0))							+1		OR	+5	
1							TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
75-66 (Column 1) (Column 2) (Column 3)											
8		CLADAS REMADING		HIGHEST NUMBER	PRESENT	1			1		
ENT	•	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	-100AL		RATE	AQQ1- TIONAL
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END	Independent (IF CFE LISPE)	. ~	Mhus	<u>/</u>	-/-		X \$*		OR	x :	
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FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAN. (37 CFR 1, M(R))							+1 =		OR	٠,	
·							ADOL FEE		OR.	TOTAL ADD'L FEE	
		(Calumn 1)		(Column 2)	(Column 3)						
ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	A001-	1	RATE	ACC.
MENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			FEE			TIONAL FEE
	क्र कर राज्य and		Minus		•		X 1 =		OR	x 5 •	
Z	(It CAN FACING		Minus		•		x1 •		OR	x s	
¥	FIRST PRESENT	ATEON OF MULTIPLE	E DEPENDE	MICLAN 137 CS	A LUGO			-			
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFA 1.16(4))							TOTAL		OR	TOTAL	
	Ilha anto le e	nhama i le terre re-	• 3 14 445-	Ja aakon - 4 - 5	n 467 In		ADD' FEE		OR	ADD' FEE	
" If the entry is column 1 is less than the pritry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 2, enter "3".											
	talkaness t		T END POF	en into SPACE	9 #13 KNAN J. M	nto/	T				

"Hits Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Tolef or Independent) is the highest number found in the appropriate box to column 1.

This collection of Information to required by 37 GFR 1.16. The Information is required to obtain or retain a benefit by the public which is to bite (and by the USPTO is process) an application, Confidentiality is governed by 33 U.S.C. 122 and 37 GFR 1.14. This collection is estimated to take 12 inhumas to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments on the empart of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Absandés, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Cammissionary for Pstants, P.O. Box 1450, Absandés, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.